



Patent
Attorney's Docket No. 027650-857

1744

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TC 1700

In re Patent Application of)
Guido MORUZZI) Group Art Unit: 1744
Application No.: 09/530,361) Examiner: M. R. Chorbaji
Filed: April 28, 2000) Confirmation No.: 5394
For: METHOD AND APPARATUS FOR)
STERILIZING A PACKAGING SHEET)
MATERIAL)

AMENDMENT AND REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☒ Also enclosed are: an Information Disclosure Statement Transmittal, an Information Disclosure Statement, a PTO Form 1449 and 24 references.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

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Amendment and Reply Transmittal Letter
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- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	15	MINUS 20 =	-0-	× \$18.00 (1202) =	-0-
Independent Claims	6	MINUS 3 =	3	× \$86.00 (1201) =	\$258.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$258.00
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$258.00

☐ A check in the amount of \$_____ is enclosed for the fee due.

☒ Charge \$ 258.00 to Deposit Account No. 02-4800.

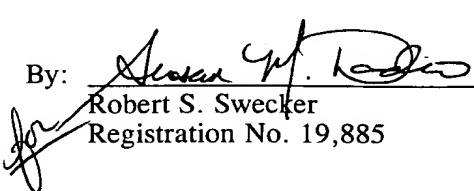
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: January 20, 2004

By:


Robert S. Swecker
Registration No. 19,885

Reg. No.
40,373

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620